



**Division of Fire Safety
OFFICE OF THE STATE FIRE MARSHAL**

Office: Richard M. Flynn Fire Academy, Route 106, Concord, NH
Mailing Address: 33 Hazen Drive, Concord, NH 03305
603-271-3294, FAX 603-271-1091



PLAN REVIEW SUBMISSION REQUEST

- ☐ State owned ☐ Educational (State funded) ☐ County Owned ☐ Healthcare Occupancy ☐ No Building Official
(Must be one of the above to be reviewed by this office)
☐ Resubmission

Owner & Address: _____ Occupant & Address: _____

Project Name: _____

Building's Physical Address: _____

Designer Name and Address: _____

Contact Name and Phone: _____

**Plan submissions must include all of the following, please fill out a separate form for each type of plan:
Only one set of plans is required per submission, the final letter will represent this office's approval**

BUILDING PLANS:

- ☐ Code Summary to include code editions used and relevant exceptions cited
Construction type, protected or not, anticipated occupancy(ies), occupant load, area of largest story, and perimeter
- ☐ Local fire department letter of approval for location and specification of FD connection.
- ☐ Separate Fire Protection pages showing fire walls, fire and smoke stops, emergency lighting, and exit lighting
- ☐ Letter from the NH licensed architect or engineer responsible for the design stating that the design satisfies the requirements of the Americans with Disabilities Act and the NH Barrier Free Design Code.
- ☐ Is an automatic sprinkler system required? Yes / No
- ☐ Is a fire alarm system required? Yes / No
- ☐ 75% Completion Date: _____
- ☐ 100% Completion Date: _____

AUTOMATIC SPRINKLER PLANS:

- ☐ Code Summary to include code editions used and relevant exceptions cited.
- ☐ Information as required by NFPA 13:8-1, 1999 ed.
- ☐ 100% Completion Date: _____

FIRE ALARM PLANS:

- ☐ Code Summary to include code editions used and relevant exceptions cited.
- ☐ Documentation required by NFPA 72:1-6, 1999 ed.
- ☐ Floor plan to scale with specifications and information for each device used.
- ☐ Local fire department letter of approval for location, layout, and specification of fire alarm panel.
- ☐ Strobe lumen or decibel levels for each device must be listed on the plan drawn to scale.
- ☐ 100% Completion Date: _____

OFFICE USE ONLY

Date received: _____ **Personnel Assigned:** _____ **Due Date:** _____

Circle Type: Building / Sprinkler / Fire Alarm **FMO Plan #:** _____ **Approval Date:** _____